

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009765	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/26/2015
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NAME OF PROVIDER OR SUPPLIER WATSEKA REHAB & HLTH CARE CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST RAYMOND ROAD WATSEKA, IL 60970
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS</p> <p>300.1210b) 300.1210d)2) 300.1210d)6) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 2) All treatments and procedures shall be administered as ordered by the physician. 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p>	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 06/12/15
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S9999	<p>Continued From page 1</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to apply an assistance device to prevent an accident for R6 by failing to ensure a bed exit alarm was in place as ordered for one of three residents (R6) reviewed for falls in the sample of seven. This failure resulted in R6 falling and sustaining a dislocated shoulder and fractured hip that required surgery.</p> <p>Findings include:</p> <p>The Minimum Data Set dated 3/6/15 documents that R6 is severely cognitively impaired and requires extensive assistance with transfers and activities of daily living. The Physician's Order Sheet dated 5/1/15 documents an order for R6 to have a bed alarm for a safety device. E6's (Licensed Practical Nurse) Nurses Note dated 5/1/15 documents "This nurse summoned to resident room, resident observed on floor next to wheel chair.....resident unable to state what happened....no signs or symptoms of pain." The left shoulder X-Ray report dated 5/3/15 documents "(R6) anterior shoulder dislocation". The right hip X-ray dated 5/4/15 documents "(R6) acute complete mildly angulated and displaced subcapital hip fracture." The Final Five Day Report dated 5/8/15 documents "(R6) obtained a dislocated shoulder and hip fracture from her fall on 5/1/15." The Hospital Discharge Summary documents that R6 was admitted to the hospital on 5/4/15 and a right hip hemiarthroplasty (surgery) was performed. The Discharge Summary documents no treatment was required for R6's dislocated shoulder.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>On 5/21/15 at 11:40 AM E13 Certified Nurses Aide (CNA) stated that on 5/1/15 at 11:00 AM she transferred R6 to her bed, placed the wheel chair at the end of R6's bed and then went to lunch. E13 stated when she returned from her lunch break at 11:30 AM R6's room door was closed and when she tried to open the door R6 was laying on the floor next to the wheelchair directly behind the door and she then called E6 to R6's room. On 5/21/15 at 10:40 AM E6 stated she found R6 laying on her left side behind the door. At that time E6 stated that R6 did not have an exit alarm on her bed when she fell and she should have had one on her bed.</p> <p>On 5/21/15 at 12:00 PM E2 Director of Nurses stated that R6 was in the bed furthest from the door and traveled approximately 15 to 20 feet before she fell. At that time E2 stated that the CNA who transferred R6 to her bed prior to the fall did not notice that the exit alarm was not in place on R6's bed. E2 stated that R6's injuries of a dislocated left shoulder and fractured right hip were investigated as injuries of unknown origin and determined to be the result of the 5/1/15 fall.</p> <p>(B)</p>	S9999		